

**Phæochromocytoma**

Dr Kent Carney (for Mr Alan Hunt)

**Rhabdomyosarcoma of the Bladder  
in a Child aged 2 Years**

Mr D E Sturdy

**Multiple Parathyroid Tumours**

Mr Bernard Williams

**Sweat Gland Carcinoma of the Scalp**

Mr C G McKenzie

**Mentriere's Syndrome – Giant  
Hypertrophic Gastritis**

Dr J Dawson (for Mr A Desmond)

**Malignant Schwannoma of the Stomach**

Mr C Wastell (for Professor H Ellis)

**Schwannoma of the Orbit**

Mr G Fellows (for Mr John Gardham)

**Melæna from Leiomyoma of the Jejunum**

Mr G A Hunter (for Professor R S Pilcher)

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*Meeting February 25 1964**(continued from May 'Proceedings' p 398)***A Case of Anal Micturition**

by F S Mitchell-Heggs FRCS

*(Salford)*

S H, a boy aged 12, had been repeatedly reprimanded by his parents because on wash day it was found that he had always been wetting his pants. In spite of particular care with micturition the symptoms persisted and finally the family doctor sent the boy for investigation and adjudication. Clinical investigation confirmed that during normal micturition a steady dribble of urine flowed from this boy's anus, coming from a fistulous opening at about 2 o'clock in the lithotomy position which admitted a small probe. A cysto-urethrogram defined the route of the

fistula. An X-ray picture was difficult to obtain and required several attempts coupled with a penile clamp applied during the stream. Intravenous pyelogram was normal. Prior to operation the bladder was filled with methylene blue solution and this resulted in the fistula being well stained with blue dye—a great help during the subsequent excision of the fistula. The external opening lay at the mucocutaneous junction at 2 o'clock. The fistula was excised complete. It was about 2 in. in length and its termination was found to be at the side of the membranous urethra to the left side of the patient's middle line. Following excision the area healed cleanly and when the patient was seen eleven months later no complication had developed.